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ROUTING AND TRANSMITTAL SLIP

Date: 2 July 1985

TO: (Name, office symbol, room number, building, Agency/Post)	Initials	Date
1. DDA		
2.		
3. DDS&T		
4.		
5. Chairman, Security Committee		

	Action		File		Note and Return
	Approval		For Clearance		Per Conversation
	As Requested		For Correction		Prepare Reply
	Circulate		For Your Information		See Me
	Comment		Investigate		Signature
	Coordination		Justify		

REMARKS

The DDCI would like your comments on the attached draft NSDD ASAP.

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post) | Room No.—Bldg.

[redacted], Executive Assistant to the DDCI [redacted]

5041-102

OPTIONAL FORM 41 (Rev. 7-76)
Prescribed by GSA
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